Case Number:	CM13-0060686		
Date Assigned:	01/31/2014	**Date of Injury:**	10/02/2011
Decision Date:	05/23/2014	**UR Denial Date:**	11/27/2013
Priority:	Standard	**Application Received:**	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabiitaiton and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported an injury on 10/02/2011 from a fall. The 10/31/2013 clinic note reported a complaint of increased headaches and blood pressure with poor balance and falls following an injury to the posterior cranium. The note reported the patient had a shunt that was functional with no problems. The note reported her behavioral medicine was effective in controlling effective pain and she continued to demonstrate hydrocephalus and resultant symptoms of persistent headache and worsening balance and increasing falls. She was recommended a trial of Amlodipine. A request for Amlodipine was submitted;, however the date of the request and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AMLODIPINE BESYLATE 2.5MG, TYPE OF MED DIHYDROPYRIDINES, QUANTITY 47, REFILLS 1, DAYS SUPPLY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com Amlodipine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Hypertension treatment; Morello, F., et al, Neurological Sciences 22.4 (2001): 317-320.

Decision rationale: The Official Disability Guidelines state antihypertensive pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone and recommendes amlodipine as a first-line, second addition option. Articles, such as that of Morello, indicate the use of Amlodipine and other hypertensives for encephalopathy. The documentation submitted did not provide evidence the patient was hypertensive or outcomes from the use of Amlodipine in regard to reduction in blood pressure or hydrocephalic symptoms. The request for Amlodipine Besylate 2.5mg, type of med Dihydropyridines, quantity 47, refills 1, days supply 30 is not medically necessary and appropriate.